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October 23, 2003

To: Examiner Samuel A. Barts

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From: David Spolter

Subject: App. Ser. No. 09/632,928

Attorney Docket No.: P-HP 3808

No. of pages, including this one: 19

- Specifically:
1. Response to Office Action mailed May 6, 2003 (11 pages)
 2. Transmittal (in duplicate) (4 pages)
 3. Petition for three-month extension of time (in duplicate) (2 pages)
 4. Credit Card payment Form (1 page)

Please call 858.459.2934 if you do not receive all pages.

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PATENT

Our Docket: P-HP 3808

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Watson-Straughan et al.

Serial No: 09/632,928

Filed: August 4, 2000

For: TRIAMINE DERIVATIVE
MELANOCORTIN RECEPTOR
LIGANDS AND METHODS
OF USING SAME

Commissioner for Patents
Washington, D.C. 20231

) Group Art Unit: 1621

) Examiner: S. Barts

) I hereby certify that this correspondence
) is being transmitted with the United
) States Patent and Trademark Office by
) facsimile on October 23, 2003.

By: David I. Spolter

David I. Spolter, Reg. No. 36,933

October 23, 2003

Date of Signature

TRANSMITTAL LETTER IN RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action mailed May 6, 2003,
attached are:

- X 1. A Response to the Office Action.
- X 2. A Petition for a three-month extension of time.
- X 3. No additional claims fee is required.
- X 4. A credit card payment form requesting payment of
\$475.00 to cover the one-month extension of time is
attached.
- X 5. Small entity status of this application is now being
claimed.

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Transmittal
Response to Office Action
Ser. No. 09/632,928
Page 2

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to the attached credit card form. A duplicate copy of this transmittal is enclosed.

X Should the above method be deemed inappropriate, the Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 501559. A duplicate copy of this transmittal is enclosed.

X Any additional filing fees required under 37 C.F.R. 1.16.
X Any patent application processing fees under 37 C.F.R. 1.17.

X The Commissioner is hereby authorized to charge to the attached credit card payment form or Deposit Account No. 501559 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is attached.

Respectfully submitted,

David I. Spolter
David I. Spolter
Registration No. 36,933
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La Jolla, California 92037
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PTO-2038 (02-2003)

Approved for use through 02/28/2006, OMB 0651-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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United States Patent and Trademark Office
Credit Card Payment Form
 Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type: ☐ Visa ☐ MasterCard ☒ American Express ☐ Discover

Credit Card Account #: 3734 971974 02016

Credit Card Expiration Date: 10/04

Name as it Appears on Credit Card: DAVID SPOLTER

Payment Amount: \$ (US Dollars): \$475

Cardholder Signature: David Spolter

Date: 10-23-03

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR § 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.

Service Charge: There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR § 1.21 (m)).

Credit Card Billing Address

Street Address 1: 1590 COAST WALK

Street Address 2:

City: LA JOLLA

State/Province: CALIFORNIA

Zip/Postal Code: 92037

Country: USA

Daytime Phone #: (858) 459-2934

Fax #: (858) 459-0698

Request and Payment Information

Description of Request and Payment Information:

Extension fee (3rd month, small entity)

| | | | |
|--|---|--|------------------------------------|
| <input checked="" type="checkbox"/> Patent Fee | <input type="checkbox"/> Patent Maintenance Fee | <input type="checkbox"/> Trademark Fee | <input type="checkbox"/> Other Fee |
| Application No. 09/632,928 | Application No. | Application No. | IDON Customer No. |
| Patent No. | Patent No. | Registration No. | |
| Attorney Docket No. P-HP 3808 | | Identify or Describe Mark | |

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